Department of Health & Social Care

NIHR | National Institute for Health Research

From the Chief Medical Office &
Chief Scientific Adviser
Professor Chris Whitty CB FMedSci

7th Floor
39 Victoria Street
London
SW1H 0EU

Irrelevant & Sensitive
E: chris.whitty@dhsc.gov.uk
W: www.gov.uk/dh

11.12.2020

Dear Nick,

Thank you for your email dated 26th October 2020 on monoclonal antibody cocktail AZD4772.

My understanding is that the earliest AZD4722 would become available for use is after spring 2021, so after the UK intends to have rolled out the vaccination programme quite significantly. Some people will not be able to be vaccinated or will amount a poor immune response, but identifying those who do not respond to the vaccines will not be possible at scale. Given the likely reduced exposure risk the number-needed-to-treat (NNT) with antibody to avert just one hospitalisation will be quite high. This is even more challenging in the context of a relatively high cost medicine, even assuming it is highly effective (unproven).

On use for post-exposure prophylaxis, whilst this is theoretically possible, the short incubation period of Covid-19 (typically 5 days) and often minimal symptoms makes this operationally difficult to achieve in most circumstances and there will be no significant UK use in this mode.

Given the above I cannot recommend buying any large amount of AZD4722 now. It seems very unlikely it would be needed. This is clearly a changed landscape since we have vaccines which seem highly effective in use or under review.

If there remains political appetite to buy on an at risk, precautionary basis the amounts bought should remain low. I would suggest under 50,000 doses. This could cover limited but specific uses such as people undergoing bone marrow transplant who were thought to be at risk. NHS Specialist Commissioning could identify more precise numbers if we wanted to go down this route.

For therapeutic use, where the cost per case becomes less problematic as it would only be used in people with proven COVID I'm aware that clinical trials to assess the safety and effectiveness of AZD4772 are ongoing. Ahead of robust trial data, it is not possible to assess with any degree of certainty the most likely size of cohort for therapeutic use, if there is one. At this stage there is too much uncertainty to recommend from a clinical perspective that government purchase any monoclonal antibody in advance of those results.

Yours sincerely,

Personal Data

PROFESSOR CHRIS WHITTY
CHIEF MEDICAL OFFICER AND CHIEF SCIENTIFIC ADVISER